

Strategy 8: Oral Health Screens and Varnish

The region has widespread problems with untreated tooth decay among six- to eight-year-old children ranging from a low of 28 percent in St. Johns to a high of 66 percent in Taylor. An effective strategy is the application of dental varnish to teeth once they erupt usually beginning at age nine months, combined with parental education about nutrition, oral health, bottle-to-cup transition, and appropriate teeth care for toddlers. This strategy has been tried within this population recently, based on application done by a pediatrician, and the service was widely well-received by families. However, once the grant funding for reimbursement was gone, parents were not willing or able to pay the costs associated with the service, and health insurance would not reimburse the physician. Therefore, while ample data exists that this is both a viable and cost-effective strategy, there is currently no provider system offering this service due to reimbursement issues. The Navajo/Apache Regional Partnership Council will address the gap in service by implementing this strategy.

Early childhood carries can often lead to continuing health problems, such as: oral pain, difficulty chewing, speech delays, and the risk of dental infection throughout the body. Research studies report that the fluoride varnish treatment coupled with caregiver (parent/family) counseling on the benefits of fluoride and the importance of early dental health is effective in reducing early childhood incidences.ⁱ

The Navajo/Apache Regional Partnership Council will provide oral health screens and varnish application to infants and toddlers in early child care settings and other appropriate community settings. This process will include a parent education section for each child seen, as well as community education, outreach, and awareness for the general community to raise awareness related to the importance of good oral health.

The Navajo/Apache Regional Partnership Council will place priority on grantee applications that are based on collaborative relationships between existing regional agencies and organizations.

Lead Goal: FTF will collaborate with existing Arizona early childhood health care systems to improve children's access to quality health care.

Key Measures:

1. Total number and percentage of children receiving appropriate and timely oral health visits

Target Population:

Infants and toddlers aged nine months to five years old throughout the region. Care will need to be taken to ensure that this service is provided to those children who do not have this service covered by their dental or medical health insurance coverage.

Proposed Service Numbers	SFY2010	SFY2011	SFY2012
	July 1, 2009 –	July 1, 2010 –	July 1, 2011 -
	June 30, 2010	June 30, 2011	June 30, 2012
	1000	1000	1000
	Children	Children	Children

	(9 mos.-5 yrs.)	(9 mos.-5 yrs.)	(9 mos.-5 yrs.) 3-yr. total = 3000 Children
Performance Measures SFY 2010-2012			
<div>1. Number of children screened</div> <div>2. Number of events held</div> <div>3. Number of children receiving dental varnish (by age group)</div> <div>4. Number of children identified with dental disease (by age group)</div>			
How is this strategy building on the service network that currently exists: <ul style="list-style-type: none">• Collaboration with AHCCCS will need to be established to avoid referral problems for children with identified dental disease.			
What are the opportunities for collaboration and alignment: <ul style="list-style-type: none">• The grantee will need to be either: a general dentist, pediatrician or family practice physician, a public health department, or have an agreement in place with one of those entitiesⁱⁱ.<div>A. A permission form would need to be created for parents to sign to give permission for the exam and varnish application. Administrative time and processes need to be created to keep track of all permission forms.</div><div>B. The grantee needs to have space to store the materials and varnish.</div><div>C. Collaboration with AHCCCS will need to be established to avoid referral problems for children with identified dental disease.</div><div>D. Agreements with dentists need to be in place to handle any resulting dental disease referrals.</div>			
SFY2010 Expenditure Plan for Proposed Strategy (How much of the total allocation will go to this strategy)			
Population-based Allocation for proposed strategy	\$15,000		
Budget Justification: \$15.00 per child. This cost includes: materials, travel, mileage, administrative time, needed staff time and parental educational materials (brochures, toothbrushes, etc.)			

ⁱ Lewis C, H. Lynch and L. Richardson. Fluoride Varnish Efficacy in Preventing Early Childhood Carries. *Pediatrics J.* February 2005

ⁱⁱ SECTION 32-1289, ARIZONA REVISED STATUTES